



Adult Health Form

Please send completed and signed form to:
Osprey Wilds Environmental Learning Center
PO Box 530, Sandstone, MN 55072
Phone: 320-245-2648
Email: schools@ospreywilds.org

This Form MUST be completed by each adult guest.

Guest's Name _____
Mailing Address _____
City, State Zip _____
Cell or Home Phone _____ E-mail Address _____
Date of Birth _____

<u>Emergency Contact</u>
Name _____
Relationship _____
Daytime Phone _____
Evening Phone _____

<u>Primary Physician (s)</u>
Name _____
Phone _____
Name _____
Phone _____

<u>Insurance Information</u>
Carrier _____
Policy # _____
Group # _____
Insurance Phone _____

- Do you have any of the following conditions?
 Epilepsy/seizures Bleeding/clotting disorder Heart Asthma/emphysema
 High blood pressure Diabetes OTHER: _____
- Allergies (food, environmental, medication): _____ No known allergies
 Please check this box if allergies are anaphylactic
- Dietary preferences or restrictions (e.g., vegetarian, vegan, gluten-free, etc.). Note: We make every attempt to offer and identify vegetarian and gluten-free menu options at each meal. If you have severe food restrictions or specialized dietary needs, you may need to bring supplemental food. Please see our food policy for detailed information.

- List any medications taken on a daily basis (or attach separate sheet): _____ Do not take any medications
- Do any medications require refrigeration? Yes No
- Do you have any other Medical Condition of which the Center should be aware? (describe below)

- Will you have any special Medical requirements during this event? Yes No

I hereby release the above information for use of Osprey Wilds Environmental Learning Center and/or any other Medical personnel who might need to provide care to me during this event.

In the event of an emergency, I authorize treatment by emergency medical personnel.

Signature _____ Date _____